

The Power of Partnerships

Nebraska's System of Care for Children, Youth and Their Families



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Governor's Priorities

- ▶ A more efficient and effective state government
- ▶ A more customer-focused state government
- ▶ Grow Nebraska
- ▶ Improve public safety
- ▶ Reduce regulation and regulatory complexity



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DHHS Accomplishments

- ▶ DHHS Business Plan released with 25 initiatives to improve services and deliver better results.
- ▶ Division of Public Health achieved national accreditation.
- ▶ Division of Behavioral Health implemented COMPASS data management platform on May 16 to support its new Centralized Data System.
- ▶ All eight DHHS Legislative bills passed to provide more effective state government and improve supports for our most vulnerable citizens.
- ▶ Six of seven federal child welfare standards exceeded.
- ▶ Alternative Response is being used in 56 with more counties to be added in August.
- ▶ SNAP timeliness in processing applications improved to 98.78 percent on time for May compared to early last year when it was 68.24 percent.
- ▶ Nebraska's most recent ranking in processing SNAP applications improved from 50th of 53 one year ago to 27th.
- ▶ ACCESSNebraska average call wait times for Economic Assistance and Medicaid in 2016 average below 5 minutes
- ▶ ACCESSNebraska improves services to clients by taking applications over the phone, and sending emails about client communications to expedite services and benefits.
- ▶ Grand Island Veterans' Home earned 2016 Bronze National Commitment to Quality Award.
- ▶ Nurse licensing improvements – simplified license applications, streamlined screening, and faster tutorial time.
- ▶ The influenza vaccination rate for Veterans' Homes residents this past year was 98 percent, compared with all Nebraska nursing facility resident influenza vaccinations at 94.9 percent.
- ▶ LRC named Top Performer on Key Quality Issues by The Joint Commission.
- ▶ U.S. Dept. of Justice ended oversight of BSDC.



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Looking Ahead – DHHS Priorities

- ▶ Heritage Health Medicaid Managed Care to integrate physical and behavioral health care and pharmacy services effective Jan. 2017
- ▶ **System of Care for children and youth with a serious emotional disturbance, and their families, through partnerships with public and private agencies, families and youth.**
- ▶ Behavioral health supported employment and housing as key supports to recovery.
- ▶ Long-Term Services and Supports Redesign.
- ▶ Renewal of Medicaid adult waivers and one children's waiver for people with developmental disabilities
- ▶ Coordinated efforts of Behavioral Health, Public Health, and Medicaid and Long-Term Care to combat opioid addiction and over prescribing of opioids.
- ▶ Reduction in out-of-home placements for state wards.
- ▶ Improved DD application and eligibility determination processes.
- ▶ Medicaid Management Information System (MMIS) replacement planning process.
- ▶ Prescription Drug Overdose Prevention -- \$3.5 million in federal grants to help reduce misuse and abuse of prescription drugs. DHHS Divisions of Public Health, Behavioral Health and Medicaid and Long-Term Care collaborating to address the issue.



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There has never been a better time to implement a System of Care for Nebraska's children and youth and their families. Nebraska's successful journey to a comprehensive and sustainable System of Care (SOC) is accomplished through the **power of partnerships.**

“Coming together is a beginning; keeping together is progress; working together is success.”

Henry Ford



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What Is A System of Care?

Definition:

*“A System of Care is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a **coordinated network**, builds **meaningful partnerships** with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.”*

Beth Stroul and Robert Friedman

Simply Said:

A System of Care is NOT a program but rather a different way of doing business. It is a **concept** that is “operationalized”. It encompasses specific core principles and values:

- Youth-guided and family driven
- Community-based
- Culturally and linguistically responsive services and supports

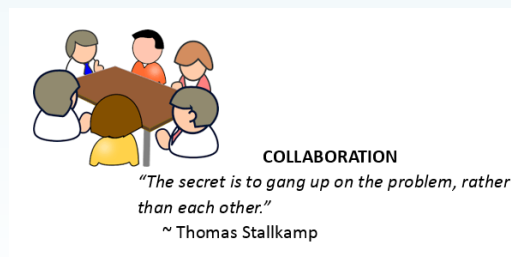
**A Successful System of Care is Accomplished
Through the Power of Partnerships!**



The Origins of System of Care

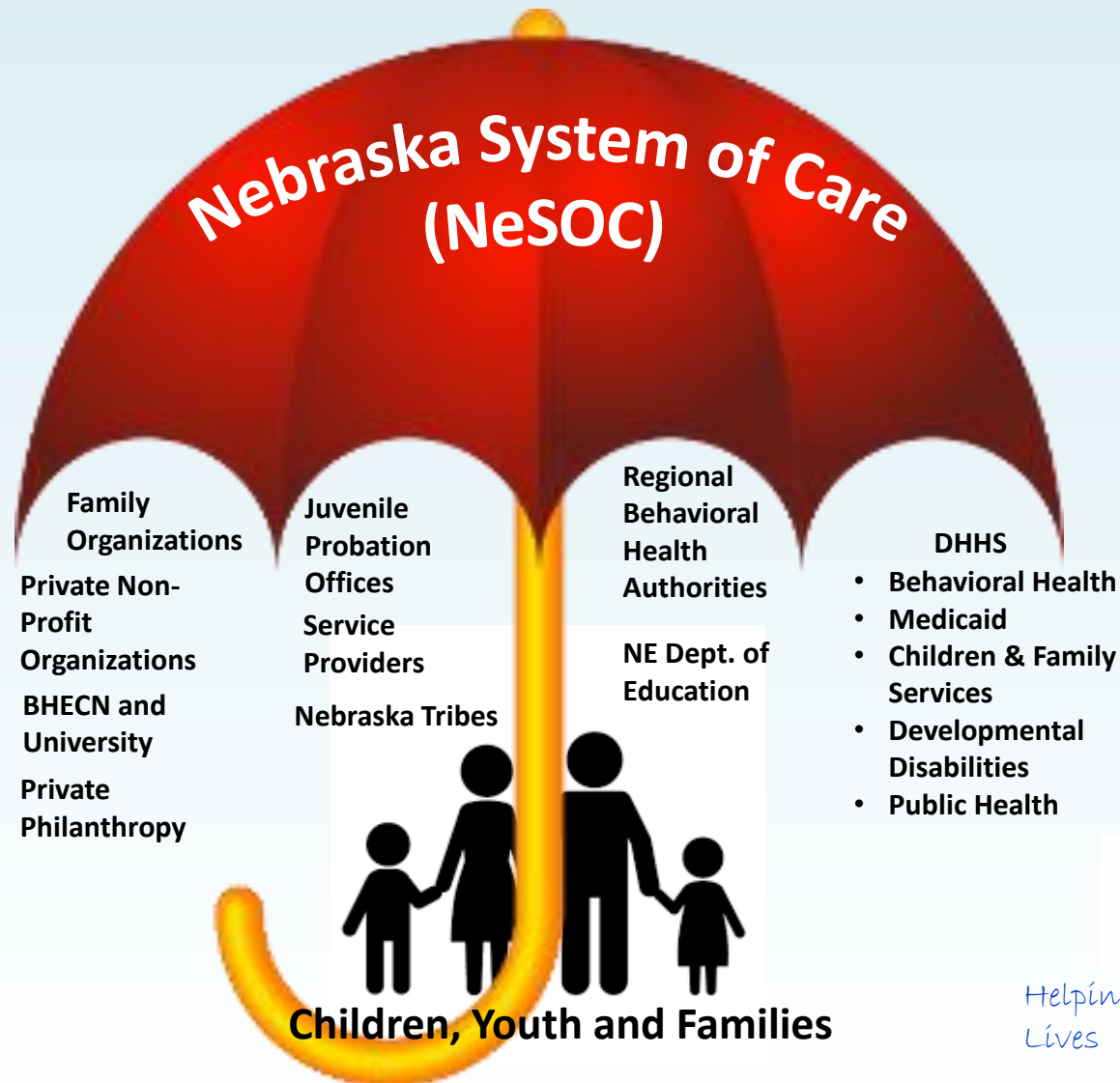
A Brief History:

- A **System of Care framework** grew out of the work of the Child and Adolescent Service System Program (CASSP) in the field of children's mental health.
- CASSP emerged in the mid 1980's as a result of national recognition that the needs of children and youth with serious emotional disabilities were not being adequately met.
- In 1986, Stroul and Freidman proposed a system of care philosophy as a solution to these systemic problems.
- The SOC framework is based on a set of guiding values and principles that establishes a foundation upon which to build a system of care.

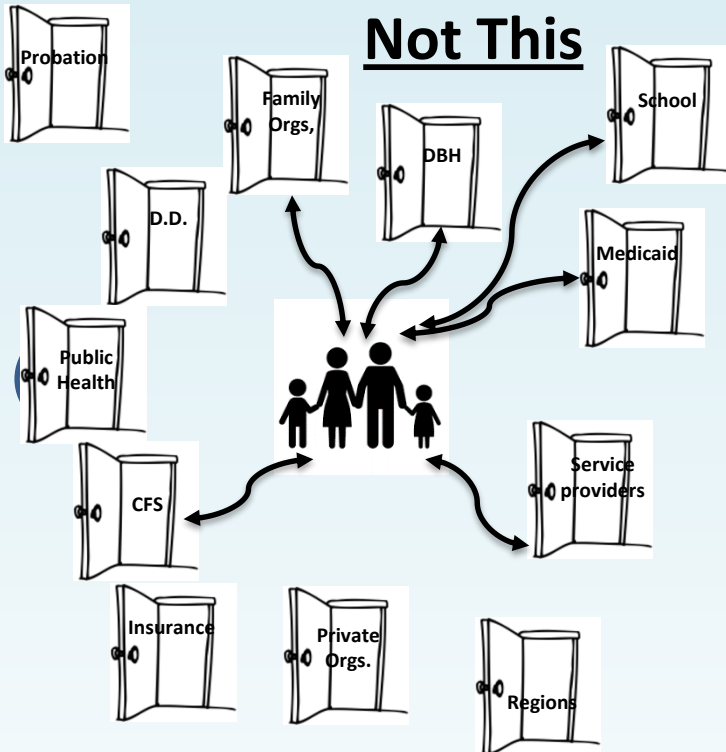


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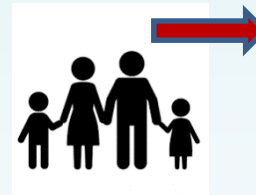
A System of Care Brings Partners Together Under One Umbrella



A System of Care Eliminates the Need For Families to Navigate Multiple Systems



But This



SOC Partners

- DHHS/Divisions
- Youth Probation System
- Education System
 - Family Orgs.
 - Private Orgs.
- Medicaid/Insurance
- Service Providers
 - Regional BH Authorities
 - NE Tribes




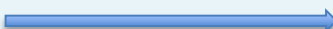

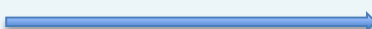


- Families can access the system from any point, such as school or a probation office.
- Families join with system partners to **coordinate and deliver** appropriate community-based services across the applicable child-serving agencies. A single service plan is initiated.

Department of Health & Human Services



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A System of Care Transforms the Way We Do Business.....

From	To
Fragmented service delivery 	Coordinated service delivery and single service plan
Categorical programs/funding 	Blended resources
Limited services 	Comprehensive service array: Focus on EBP
Reactive, crisis-oriented 	Focus on prevention/early intervention
Focus on “deep end”, restrictive 	Least restrictive settings
Children out-of-home 	Children within families
Centralized authority 	Community-based ownership
Creation of “dependency” 	Creation of “self-help”

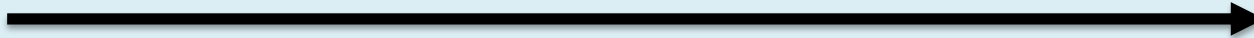
“A good system shortens the road to the goal.”

Orison Swett Marden
American Author



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....and Delivers Improved Experiences for Families*



Professional Focused	Family Focused	Family Allied	Family Centered	Team Centered
<p>On one end of the family service continuum is the professional stance that considers the professional to be the expert and views the family as a hostile resistive force in the way of achieving professional goals. The professional parent relationship is unfriendly, viewed as adversarial, with the parent as the problem. This attitude results in the view of the family caregiver as someone who can be taught or treated. The parent must adapt to the professional's service values.</p>	<p>The professional philosophy views the professional as expert with families as helper and allies to the professional.</p> <p>The professional knows best and the relationship to the parent is one of getting the family caregiver to become a partner in helping the professional.</p> <p>The caregiver is "one down," because the professional decides the rules and roles, and the caregiver is merely and agent of the professional.</p>	<p>Families are viewed as the customer in the service delivery system. Professionals strive to attune the services to the needs and desires of the family who is their customer.</p> <p>The family caregiver is seen by providers as an equal colleague, one who has expertise, knowledge, and choice. Professionals and caregivers work collaboratively to address mutually agreed upon goals.</p>	<p>Practice at this level of the continuum puts professionals "one down" to the family caregiver. The philosophy is that the parents know what is best for themselves and their children.</p> <p>The philosophy is that professional's services exist to support parents as the primary agent in helping the child achieve his or her goals. The family is seen as the employer and the professional as the employee. The professional asks, "How can I help you? How can I be of service to you? What do you need?"</p>	<p>The wraparound model centers decision making with the team. Team strengths and resources (which include those of the provider as well as family and child) are collected and used to select intervention most likely to work. Both planning and intervention rest on the combined skills and flexible resources of a diversified committed team. Responsibility for decisions rests with the collective power of the team working together, supporting each other as well as supporting the family.</p>



IF YOU WANT
TO GO FAST,
GO ALONE.

IF YOU WANT
TO GO FAR,
GO TOGETHER.

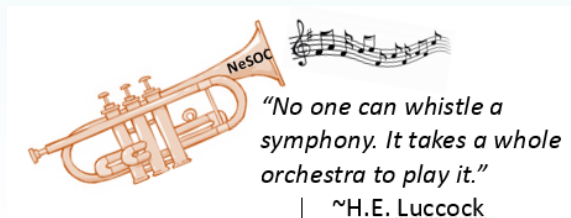
Nebraska's Journey to a System of Care

2013-2014: Nebraska brought together youth, families, child-serving systems, providers and Nebraska leaders in equal partnerships to develop a statewide comprehensive strategic plan for a system of care. Over 1,100 people, including youth, families and providers, participated.

- ✓ Nine (9) goals and ninety-three (93) implementation strategies reflecting Nebraska's diversity and complexity were developed.

2015-Present: Convened a group of individuals from the planning grant's Project Management Team (PMT) on a monthly basis.

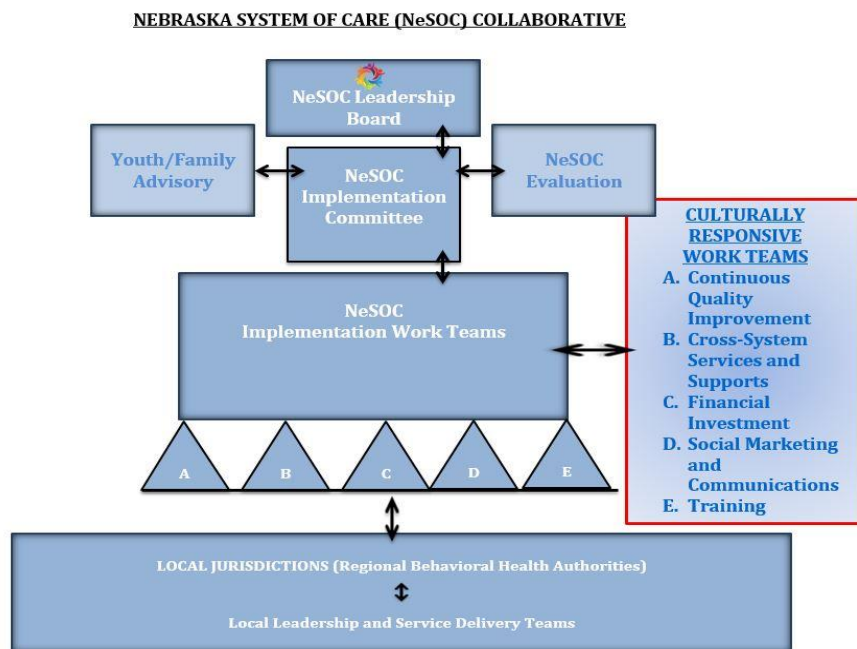
- ✓ Addressed future NeSOC governance and funding. Developed "**NeSOC Collaborative**" as governing structure.
- ✓ Investigated action steps for youth and family partners.
- ✓ Took initial steps towards SOC implementation: Prioritized eight strategies that can be implemented.
- ✓ Initiated a Financial Investment Blueprint project, facilitated by a DBH contract with TriWest Group.
 - Focus is on what dollars are being spent, by whom, for what, and on behalf of which children.
- ✓ Created a proposal of "next steps" for and gained support from the DHHS Chief Executive Officer, Courtney Phillips.



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NeSOC Collaborative

Youth, family, and system partners worked jointly during the strategic planning process to develop a bi-directional infrastructure based on state-community partnerships subsequently identified as the **NeSOC Collaborative**. Equal partnership among youth, family and system partners is the guiding principle of the Collaborative at all levels. The first meeting of the Leadership Board was held August 23, 2016.



On The Horizon

- ✓ DBH SOC Administrator hired and in place.
- ✓ Continued coordination with Nebraska Children's SOC Project Manager.
- ✓ Collection of data that addresses the Governor's priority outcomes.

"Alone we can do so little;
together we can do so much."

-Helen Keller



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NeSOC is Data Driven

NeSOC DASHBOARD

Governor's Priority Outcomes



Decrease the proportion of youth who report living in a setting that is not their home (i.e. foster care, jail, prison or hospital).



Increase the number of children and youth who attend school regularly.



Decrease costs per youth receiving services.



Decrease in average age of first system contact.

System of Care Implementation July 2016-December 2019



Upcoming Milestones

- ✓ MOUs for data sharing implemented with system partners.
- ✓ Baseline and target numbers for project outcomes set by October 2016.

NeSOC Objectives: By January 1, 2020, Increase:

1. Children and Youth in the System of Care Who Experience Improved Lives
2. Children and Youth in the System of Care Who Experience Improved Services and Supports.
3. Children and Youth in the System of Care Who Have Improved Educational Experiences.
4. Parents and Caregivers of Youth in the System of Care Who Experience Improved Lives.
5. Efficiencies in Costs Through the System of Care.
6. Children and Youth's Mental Health Services are Transformed Through the System of Care.

"Wild ducks make a lot of noise, but they also have the sense to benefit from occasionally flying in formation."

~ Unknown



Department of Health & Human Services



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NeSOC Is Making Headlines

News / Press Releases / Gov. Ricketts, DHHS Announce Statewide Behavioral Health System of Care for Children and Youth

Gov. Ricketts, DHHS Announce Statewide Behavioral Health System of Care for Children and Youth

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April 05, 2016

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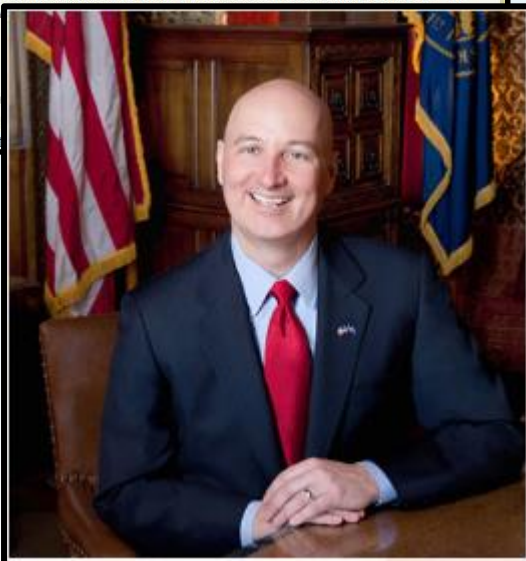
DHHS will work with stakeholders to develop the System of Care over the next year

LINCOLN – Today, Governor Pete Ricketts announced the Department of Health and Human Services (DHHS) will develop a Behavioral Health System of Care in response to the needs of children and youth who have a serious emotional disorder. He was joined by DHHS CEO Courtney Phillips, DHHS Behavioral Health Director Mary Jo Pankoke, and Families Foundation CEO Mary Jo Pankoke.

"There is no question it can be confusing and oftentimes overwhelming for children," said Governor Ricketts. "With the new System of Care, we will deliver services in a more effective and customer-oriented manner. This new delivery method will ensure that children and youth receive the services they need in a more effective and customer-oriented manner."

"With the new System of Care, DHHS and its partners will deliver services in a more effective and customer-oriented manner."

Governor Pete Ricketts



The Governor has set **NeSOC** as a priority for the state. The launch of the state's SOC initiative has generated interest and support statewide.

Omaha World-Herald

Tuesday, April 12, 2016: One of

Nebraska's stumbling blocks in providing mental health help to children and youths is that so many organizations are involved.

There is an assortment of state and regional agencies, nonprofits varying widely in size and specialization, Indian tribes, families and patient advocates. Some juvenile cases also may involve courts, law enforcement and the probation office.

It would be an understatement to say it can be difficult to get all these entities communicating and working together smoothly and efficiently.

The good news is that Nebraska is on the verge of a big step forward to address the problem.

The Ricketts administration plans to launch what's known as a behavioral health "system of care." This revamp aims to boost communication and collaboration among the many organizations. The approach has been used successfully in other states and on a pilot basis in the Kearney area.



What is System of Care?

System of Care is a framework for designing mental health services and supports for children and youth who have a serious emotional disturbance, and their families, through a collaboration across and involving public and private agencies, families and youth. It is a new way of doing business that brings together committed partnerships under one umbrella.

A System of Care connects and coordinates the work of State child-serving agencies, nonprofit and local governments, behavioral health care providers, families and patient advocates. It helps children, youth, and families function better at home, in school, in the community, and throughout life.

Does Nebraska have a System of Care?

Not yet but a strategic plan for a System of Care has been completed and first steps are being taken to implement the plan.

In 2013-2014 over 1,000 families, youth, service providers and other stakeholders were involved in the development of the Strategic Plan. Movement forward is based on partner commitment and work completed.

States and communities that have implemented the System of Care approach have reported changes, including:

- Increase in school attendance and school performance.
- Decrease in average age of first system contact.
- Decrease in cost per youth receiving services.
- Increase in percent of youth and young adults living in home settings.

What do we want to achieve with a System of Care in Nebraska?

- A statewide readiness assessment was conducted in 2013 among families, youth, service providers and other stakeholders. It identified priority areas:
- Ensuring access to an array of services and supports.
 - Enhancing the cultural and linguistic appropriateness of services to match family needs.
 - Coordinating and integrating service and support programs across child-serving agencies.
 - Leveraging and maximizing use of all funding sources.



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Recognizing NeSOC Foundational Partners

Nebraska Children and Families Foundation (NC): NC is a private foundation supporting Nebraska's children, young adults and families at risk with the overall goal of giving the state's most vulnerable children what they need to reach their full potential. NC has joined DHHS in a public-private partnership to assist in NeSOC management, coordinate and manage the Implementation Work Teams, and expand service capacity through private philanthropic partnership.

Nebraska Department of Education (NDE): NDE recognizes the significant disconnect between schools and the knowledge of available behavioral health programs and services. NDE has been a significant and eager partner in NeSOC development, advising and guiding DBH on effective and useful strategies that will bring schools into the continuum of children's behavioral health services and supports.

Administrative Office of Probation (AOP): AOP has partnered with NeSOC to identify and develop effective behavioral health strategies for mental health treatment for identified youth in the probation system. Probation personnel play a vital role on NeSOC local care coordination teams.

"Lots of people want to ride with you in the limo, but what you want is someone who will take the bus with you when the limo breaks down."

~ Oprah Winfrey



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Regional Behavioral Health Authorities (Regions): Each Region participates in every layer of the NeSOC Collaborative for the purposes of planning, implementation, training and evaluation on a system level.

Family Organizations: Family organizations are located in each of the Regions and actively participated in the development of the NeSOC Strategic Plan. A statewide approach to continued, committed participation in NeSOC by these organizations is braided into the various levels of the NeSOC Collaborative structure. The Family Organizations are:

Speak Out: Scottsbluff and North Platte

Families Care: Kearney

Parent to Parent Network: Norfolk

Families Inspiring Families: Lincoln

Healthy Families Project: Lincoln

NE Family Support Network: Omaha



Department of Health and Human Services (DHHS) Divisions: (Children and Family Services-CFS, Medicaid, Public Health, Behavioral Health-DBH, and Developmental Disabilities-DD) Representatives from each of these divisions were involved in strategic planning efforts and follow-up implementation efforts. Divisional representatives will serve on the Implementation Committee and Implementation Work Teams.

DHHS Office of Consumer Affairs (OCA): OCA focuses on four areas:

Consumer/Peer Support - consumers helping consumers

Relationships - build and strengthen consumer involvement

Planning - how to get the best out of the system

Advocacy - how to find the best information and resources out there now



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An Eye on the Future

NeSOC's youth, family and systems partners are eager to continue their collaboration. DBH has applied for a SAMHSA funding opportunity that will build on this collaboration to support the operation and integration of the SOC approach through sustainable infrastructure and services statewide. If awarded, the project will be carried out through the six Regional Behavioral Health Authorities (Regions) and provide NeSOC with:

- ✓ Up to \$3M annually for four years beginning October 2016.
- ✓ Opportunities for enhanced service array in each region.
- ✓ Opportunities to address NeSOC priorities including:
 - ✓ Statewide approach to a crisis response mechanism
 - ✓ Cross-system training at all levels on a spectrum of topics, i.e. trauma informed care
 - ✓ Care management and coordination at the local level, including professional consultation.



Follow NeSOC Progress at: www.dhhs.ne.gov/SOC

Contact NeSOC at: dhhs.soc@Nebraska.gov

"If opportunity doesn't knock, build a door"
~ Milton Berle



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**“ When the awareness
of what is achievable
brushes your life, the
journey has begun.”**

- Lori Myers



Nebraska System of Care (NeSOC)



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“We can change what we are for what we can become”